



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO  
ATTENTION OF

MCPO-NC

12 SEP 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Reporting Data on Use of Medication and Nutritional Supplements by Patients with Heat Injuries and Illnesses

1. References:

- a. Memorandum, MCHO-CL-W, 17 June 1998, subject: Triservice Reportable Events List. [http://amsa.army.mil/documents/medcom\\_memo.pdf](http://amsa.army.mil/documents/medcom_memo.pdf)
- b. Memorandum, SGPS-PSP, April 1994, subject: Implementation of New Medical Surveillance System. [http://amsa.army.mil/documents/Army\\_PDFs/otsq\\_memo.pdf](http://amsa.army.mil/documents/Army_PDFs/otsq_memo.pdf)
- c. Triservice Reportable Medical Events Guidelines and Case definitions. (Ver 1.0) July 1998. [http://amsa.army.mil/documents/DoD\\_PDFs/Jul98TriServREGuide.pdf](http://amsa.army.mil/documents/DoD_PDFs/Jul98TriServREGuide.pdf)

2. Background. Concomitant use of certain medications and nutritional supplements, especially those containing Ephedra, are thought to increase the risk of serious heat injury. Currently the MEDCOM lacks sufficient data on the extent of association of these medicines and supplements with heat injuries and illnesses among soldiers and other beneficiaries. The Army Reportable Medical Events System (RMES) provides a suitable framework for this information to be reported.

3. Effective immediately, all cases of heat stroke and heat exhaustion reported through RMES will include specific reference to the use of the list of medications and nutritional supplements provided as an enclosure. A history of any of these substances being taken by the patient in the 24 hours before the injury will be included in the "comments:" field of the RMES report, listing the specific medication or supplement. If none are being used, then include the phrase "no medication or supplements used". Where no information on the use of medication or supplements can be obtained, indicate "unknown".

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4. Point of contact for this action is COL Robert DeFraites at DSN 761-3146, (Robert.defraites@amedd.army.mil).

FOR THE COMMANDER:



KENNETH L. FARMER, JR.  
Major General  
Chief of Staff

Encl

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Commander, Southeast Regional Medical Command  
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Assistant Secretary of the Army for Manpower and Reserve Affairs  
Assistant Secretary of Defense for Health Affairs, ATTN: Force Health Protection and Readiness  
US Navy Bureau of Medicine and Surgery, ATTN: MED-24  
HQ, US Air Force, ATTN: Air Force Medical Operations Agency  
HQ, US Marine Corps, ATTN: Health Services

### Drugs Implicated in Intolerance to Heat Stress or Heat Stroke

Drug or drug class	Proposed mechanism of action
Anticholinergics (Scopalamine, Atropine)	Impair sweating
Antihistamines (Hydroxyzine [Atarax], Diphenhydramine [Benadryl])	Impair sweating
Glutemide (Doriden)	Impair sweating
Phenothiazines (Prochlorperazine [Compazine], Thioridazine [Mellaril])	Impair sweating, (possibly) disturbed hypothalamic temperature regulation
Tricyclic Antidepressants (Amitriptyline [Elavil], Imipramine [Tofranil])	Impair sweating, increased motor activity and heat production
Amphetamines, Cocaine	Increase psychomotor activity, activate vascular endothelium
Ergogenic aids (Ephedra, Other Dietary Supplements)	Increase heat production
Lithium (Lithium [Lithobid, Eskalith])	Nephrogenic diabetes insipidus and water loss
Diuretics (Hydrochlorothiazide [HCTZ], Furosemide [Lasix])	Salt depletion and dehydration
Beta-blockers (Propranolol [Inderal], Metoprolol [Lopressor])	Impair sweating, reduced skin blood flow, reduced blood pressure
Ethanol (Ethyl Alcohol)	Diuresis, possible effects on intestinal permeability

Enclosure